



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/483,969	<b>FILING DATE</b> 01/18/2000 <b>RULE</b> -	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> VNUS-53427
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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 08/811,820 03/04/1997 PAT 6,033,398

 WHICH IS A CIP OF 08/610,911 03/05/96 PAT 6,036,687  
 AND A CIP OF 08/717,994 09/26/96 PAT 6,033,397

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 AND A CIP OF 08/720,209 09/26/96 PAT 6,139,527
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* SMALL ENTITY \*\*****\*\* 03/28/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 49	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>CM</u> Initials				

**ADDRESS**
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**TITLE**

Method and apparatus for treating venous insufficiency using directionally applied energy

<b>FILING FEE RECEIVED</b> 606	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit